

Waukesha County Community Health Improvement Process Steering Committee Meeting

Thursday, August 4, 2011

Co-Chairs Schuler and Farrell called the meeting to order at 3:30 p.m. Those in attendance were welcomed and introductions were exchanged.

Present: Sarah Beversdorf, Sara Ward, Mary Anderson, Jean Schultz, Ben Jones, Nancy Healy-Haney, Esther Jensen, Joann Weidmann, Cathy Bellovary, Eric Christianson, Andy Dresang, Dennis Farrell, Rosie Kapp, Peter Schuler, Mary Smith, Lori Cronin, Irene Ridgeman, Herb Rosenberger, Claudia Roska, Lee Wipfli.

REVIEW OF STEERING COMMITTEE PURPOSE & SCOPE

Healy-Haney reported the Waukesha County Community Health Improvement Plans and Processes (CHIPP) Steering Committee will provide essential leadership to inform the county's community health improvement planning and processes. Years 1-2 of the CHIPP will focus on data assessment and developing a community health plan. In Years 2-5, engaged organizations will be implementing the CHIPP identified areas for improvement, and in Year 5, results will be documented and the greater community informed.

APPROVE MINUTES OF 6-16-11

MOTION: The minutes of June 16, 2011 were approved as presented. Motion carried 20-0.

REVIEW OF PREVIOUS MEETING

Beversdorf stated that at the previous meeting of June 16, 2011 ideas were drafted about different ways to think about community health improvement and different models and frameworks of how to collect and organize data. Data sources were also identified at that meeting.

FINALIZE VISION AND VALUES

Beversdorf discussed the draft handout on Waukesha County's Healthy Community Vision. Beversdorf and Miller incorporated comments and ideas shared from the June meeting taking into consideration the pros and cons. Three new proposed vision statements were shared and discussed amongst the CHIPP committee members taking into consideration how the Public Health System would be envisioned in the next ten years. They are:

- An extraordinary community where everyone can fully enjoy their working, playing and learning.

Comments: This statement only implies safety but doesn't actually say it. Could be a statement for health club. Very generic, too broadly applied. Does not say anything about health, well-being or safety in it. The suggested phrase of work, play and learn seems too fluffy and sounds like a Coke~a~Cola commercial. "Work, live, and learn" was a suggested option. "Fully enjoy" is subjective – some "enjoyments" may not be healthy. Sounds too fun; not serious enough. One suggestion: Waukesha County is a community where people can work, play and learn in a safe and healthy environment.

- Strong families, connected communities, healthy environment, and accessible services.

Comments: Sounds like a group of bullet points (not attractive). It is a simple and strong statement, but a little choppy. Has a professional sound to it. Is positive and straightforward. Needs a verb, e.g., “building.” The favorite of the three statements for some.

- Building an inclusive, healthy community that promotes overall safety, well-being and quality of life. (Waukesha County: Building an Inclusive, Healthy Community.)

Ridgeman suggested a combination of words from #2 and #3 were suggested. The group approved the suggested statement suggesting it promotes a proactive affirmative statement. *Vision statement reads:* Strong families, connected communities, healthy environment, and accessible services that promote overall safety, well-being, and quality of life.

Beversdorf discussed the draft handout on Waukesha County’s Healthy Community Values. Beversdorf stated that values are about key behaviors of the system partners (i.e., how are we going to act and respond, what type of environment do we want to promote, etc.) Beversdorf provided a revised list of Values, based on the June meeting:

The Waukesha County public health system is:

- **Collaborative** – sharing responsibility, accountability, and investment
- **Accountable** – honoring commitments
- **Straightforward** – celebrating successes and being honest about challenges
- **Community-centered** – focusing on benefits for the *community*, rather than individual gain
- **Outcome-focused** – knowing the aim and measuring it
- **Resourceful** – using technology, funding, what already exists, what works, and related resources wisely
- **Inclusive** – valuing different opinions, cultures, and priorities, and engaging individuals/customers, primary care, churches, schools, businesses, ALL!

Comments on the revised list included: Add “Innovative” – creatively thinking out of the box, how best to meet the existing needs and in the future, not being close-minded. Roska commented that it is an interesting line to balance best practices and something that is innovative. Remove the word “accountability” from “collaborative.” Dr. Christianson suggested adding “sharing responsibilities, *ideas*, and investments.” The word “partnering” was thought to have a deeper meaning than the word “collaborative.” Other words may be “fostering partnerships” or “lending mutual aid.” “Responsive” is missing; “responsive” includes needs. Beversdorf indicated it might be included in “community-centered” or “outcome focused.”

Beversdorf will take suggestions and bring back for the next meeting in September.

COMMUNITY HEALTH STATUS ASSESSMENT

Jean Schultz is the Chair and Andy Dresang is the Co-Chair of the Data Subcommittee. At the end of July 2011, the Data Subcommittee met to identify data sources and an appropriate structure for sorting available data. Data sources used previously are:

- Waukesha County Health Report Card of 2009
- 2009 Community Health Survey

- Waukesha County Health Scorecard
- Other known sources

Healy-Haney challenged all to provide other data sources that they may be aware of to help in our CHIPP planning. More data is needed on environment, youth, etc. In the coming months, more data will come from the Milwaukee Collaborative -- a group that includes health departments and is working with Aurora, and SHOW, as they are currently surveying the Waukesha community. Schultz and Dresang are working with their respective Hospital IT departments to identify the top reasons for admissions, both in ER and regular admissions to see if a pattern is prevalent in the community

COMMUNITY FEEDBACK SESSIONS

Beversdorf distributed a handout on ideas for Community Feedback Opportunities and asked the Steering Committee for their suggestions on opportunities for community engagement. Suggestions included:

- An open Town Hall meeting centrally located.
- Go to the 4 corners and the middle of the county; or go north, middle, south.
- Hold a session or two in the City of Waukesha. Might want a session with the Hispanic population. The Hispanic client board meets quarterly.
- Build on the needs assessment with the ADRC as part of a large technology program with UW Madison and State of Wisconsin grant that the ADRC was awarded over the next five years. Bellovary and Smith from the ADRC will have more information to share in the next two weeks.
- Beversdorf contacted Schiraj with the United Way to share how they do their LIFE survey.
- Identify the top diagnoses from various providers/trends. (The Data Subcommittee will be including that information in their work.)
- Information provided at the annual Health and Human Services Public Hearing through the various Waukesha County Advisory Committees.
- Younger generation of children playing video games, and watching TV – what implication does this have on children's health and education.

Suggestions for further trend data sources within the service area include:

- Dresang offered data/information from a Needs Assessment that was conducted through the Menomonee Falls area (fire, police, church, free clinic).
- Schultz commented that she could contact a group of interested individuals on the Community Benefit Committee in Mukwonago area.
- Dr. Christianson offered to check at his place of work. It is important to identify what is being done by each to avoid duplication.
- Parent orientations at High Schools would be an opportunity to gather information.
- Smaller newspaper publications and Patch, an online source of news media, can be used to publicize.
- Medical Examiner has death data.

The CHIPP planning committee at the Public Health Division will take this information and bring back some ideas for the Steering Committee's consideration.

FORCES OF CHANGE ASSESSMENT

< NOTE: The Forces of Change Assessment is one of four assessments to be completed as part of the overall assessment process for the development of the community health improvement plan. The other three assessments are: Local Public Health System (for which the National Public Health Performance Standards Program results will be used); Community Themes and Strengths; Community Health Status (the Data Subcommittee is gathering these data).>

Beverdsdorf asked all for ideas/suggestions/positive feedback of what is occurring or might occur that affects the health of our community or the local public health system. Brainstorming ideas include:

- New diagnostic codes for mental health (DSM V) – will be published in 2013. Current statutes reference DSM IV, so there will be gaps. This also has implications of new training for professionals, and a need for increased capacity in the professional community.
- Funding is changing – substance abuse and behavioral health block grants
- Funding is decreasing
- Job Loss – individuals are not able to afford care or take care of illnesses (e.g., diabetes)
- Changes in the evidence-base result in changes in care.
- Health care reform. Healy-Haney commented on the implications of the Health Care Reform, how it would affect treatment, funding, provider requirements, and demand for services. Roska commented that Health Care Reform has a positive view for Addiction Resource Council services whereby additional dollars would be for preventive services. Jones commented that it would be positive for the electronic health record, as it would improve patient care by decreasing errors. The Reform is stressful for consumers (e.g., wondering where to go and who will help). It was noted that Wisconsin has a plan for the exchange system that is part of the Reform bill.
- Schultz commented on the new federally qualified Community Health Center starting in Waukesha. A site has been identified; they are working through the logistic issues. The new Center will be up and running in 2012. The Center will likely shift some care away from existing clinics and hospitals. It will also mean better care for many: less primary care being sought in Emergency Rooms; care will be provided in Spanish as appropriate; increased access to care for those not currently seeking care. There will be new primary care connections for patients and overall increased capacity in the community. Transportation may be a barrier.
- Schuler commented on the limits now placed on the local ability to tax; the taxing authority for Waukesha County is limited to new growth. This will be a policy issue for all levels of government. In addition, expectations for government public health keep continuing to increase for preparedness, which are vital and necessary. Cuts to schools are already occurring. These changes mean a decrease in nimbleness.
- Federal dollars will be decreasing.
- Healy-Haney commented on an article in the Journal Sentinel regarding the State turning down Public Health federal funds. The State of Wisconsin ranks 47 in funding for governmental public health.
- Roska noted an article regarding increase in Hepatitis cases.

Discussion will continue at the September meeting.

PUBLIC HEALTH SYSTEM ASSESSMENT

Beversdorf indicated that due to time, the handout would be discussed at the September meeting.

NEXT STEPS

Beversdorf asked the committee members what they felt went well at the meeting. Items included: lots of input, started on time and took a break, treats (cookies), moved closer to the vision statement, and ended on time. Items to be done differently at the next meeting included: ending on something more upbeat.

ADJOURNMENT

The meeting adjourned at 5:30 p.m. The next meeting is scheduled for Thursday, September 15, 2011 from 3:30 – 5:30 p.m. in the Health and Human Services Board Room. Please RSVP to Rose Reblin, 262-896-8475 or reblin@waukeshacounty.gov.

Minutes recorded by Linda Johnson.

Approved on _____

Date